Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-01-2010</u>	Address:	8938 W CR 400 N
Case #:	<u>16F19936</u>		<u>Tipton, IN 46072</u>
County:	<u>Tipton</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: bumpile
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): N/A			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: garage			
Water Reactive Metal (Lithium): garage			
Anhydrous Ammonia: <u>N/A</u>			
Hydrochloric Acid Gas Generator(s): garage			
Corrosive Acid: garage			
Corrosive Base: garage			
\square Other (item and location): $\underline{N/\Delta}$			
☐ Yes <u>N</u> ⊠ No	er age 18 discovered (check one) A (number present) sport to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip okomo DTF investigation
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	lment: [Tip <u>ton FD</u>	Fax: <u>(765) 675-3500</u> Fax: <u>(765) 675-6952</u>	
Health Department: <u>Tipton HD</u>		Fax: <u>N/A</u>	1015-0752
Child Prote	ection Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.